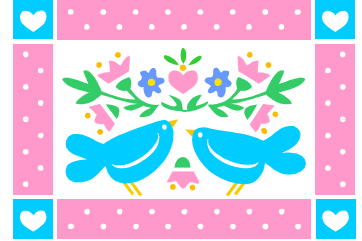


**THIS SECTION WILL BE DONE AT FIRST CHES VISIT OR MHE VISIT****Part II - Visual Inspection: ("HEAL")**

I.D. # _____
Assessor's Name: _____
Caretaker's Name _____
Child's Name _____
DATE: (MM/DD/YY) ____/____/____
TIME: _____ AM/PM
START OF INTERVIEW _____ AM/PM

**☆AT START OF INTERVIEW☆**

- Complete the survey as thoroughly as possible
- Involve the parent/guardian in the information gathering process
- Please note: Some questions in this survey are to be read and others are for you to just observe. In situations where the respondent says something different than what you observe. Ask the respondent to explain. "I noticed there are rugs on the floor and you mentioned there are usually no rugs on this floor, why is that?"
- Observe carefully and if your observations differ from that of the parent ask about discrepancy in a tactful manner.

**◀Read to subject▶**

At this time I would like to walk through several rooms in the house with you. I will be making observations, looking under sinks in the kitchen and bathroom, and recording information about these rooms. I will also be asking you questions related to specific items in some of the rooms we will be surveying.

First, I would like to know if you did anything to prepare for this visit, such as cleaning the house?

Yes .....

No .....

Don't Know .....

1
2
9

[IF YES, ASK:] How much time did you spend on doing this?

Hours.....

Minutes .....


▶ Method of getting information    R = respondent's response; O = Observation, no question asked; R + O = both

# **A. INTERVIEWER: GO TO CHILD'S SLEEPING AREA**

A1. Where does (**CHILD'S NAME**) usually sleep?

R Bedroom ..... 1  
 Living room/family room ..... 2  
 Other ..... 3 Specify \_\_\_\_\_

A2. What does he/she usually sleep on? **<CIRCLE ONLY ONE>**

R Bed with mattress ..... 1  
 Mattress on floor..... 2  
 Sofa..... 3  
 Sofa bed ..... 4  
 Cot (no mattress)..... 5  
 Futon ..... 6  
 Other ..... 7 Specify \_\_\_\_\_

A3. What is the pillow filled with? **<LOOK AT LABEL ON PILLOW>**

R & O Feather ..... 1 C42  
 Polyester..... 2  
 Foam ..... 3 C42  
 Other ..... 4 Specify \_\_\_\_\_  
 Don't Know ..... 9

A4. What types of blankets/bedcovers do you use on his/her bed?

O Comforter..... 1 C43  
 Wool blanket..... 2 C43  
 Cotton blanket..... 3  
 Acrylic blanket..... 4  
 Don't Know ..... 9

A5. Identify type of floor covering in the bedroom or sleeping area.

O Carpeting..... 1 C22  
 Hardwood floor, tile, or linoleum ..... 2  
 Cement..... 3  
 Other ..... 4  
 Don't Know ..... 9 Specify \_\_\_\_\_

**GO TO A6**

5a. Type of carpeting: (**check all that apply**)

Level loop ..... 1  
 Shag or plush ..... 2  
 Don't Know ..... 9

5b. Is carpeting wet? **<TOUCH CARPET>**

Yes ..... 1 C52  
 No ..... 2  
 Don't Know ..... 9

A6. Are there area rugs in the room?

O Yes .....  
No .....

1  
2

**GO TO A7**

6a. How many rugs? .....

6b. How do you clean area rugs? **<READ ALL RESPONSES>**

R Vacuum surface .....	1	C16
Vacuum both sides.....	2	
Shake.....	3	C16
Send out .....	4	
Don't clean them.....	5	C16

6c. During the last two weeks, how many times did you clean the area rugs?

None .....	0	C16
1 .....	1	C16
2 .....	2	
3 .....	3	
4 .....	4	
5 or more .....	5	
Don't Know .....	9	C16

A7. Is there any cloth-covered furniture in this room?

O Yes .....  
No .....

1  
2

C24, C92  
**GO TO A8**

A7a. How many pieces? .....

A7b. How old? .....

R < 1 year .....	1
1-10 years.....	2
10 + years .....	3

A8. Are there any stuffed toys visible in this room?

O Yes .....  
No .....

1  
2

C40, C41  
**GO TO A9**

A8a. How many?

1 to 5.....	1
5 to 10.....	2
More than 10 .....	3

A9. Is there at least one window in this room that can be opened? **<CHECK TO SEE IF WINDOW OPENS>**  
 R + O Yes ..... 1  
 No ..... 2 **C47, C101 GO TO A10**

A9a. Is the window(s) open at night when [CHILD] is sleeping?  
 Yes..... 1  
 No..... 2 **C44**  
 Sometimes ..... 3

A10. Is there a forced air heating vent in the room?  
 R + O Yes ..... 1  
 No ..... 2 **GO TO A11**

A10a. Is the vent covered with a filter?  
 Yes..... 1  
 No..... 2 **C26 GO TO A11**

A10b. If YES, is the filter. . . ? **<LOOK AT FILTER & REMOVE VENT COVER IF NECESSARY>**  
 Clean..... 1  
 Partially dirty (screen is partially visible)..... 2 **C26**  
 Dirty (screen is completely dark) ..... 3 **C26**

A11. Is a High Efficiency Particulant Arrestor (HEPA) air filter used in the room?  
 R + O Yes ..... 1  
 No ..... 2  
 Don't Know ..... 9

A12. What kinds of window coverings are on the windows? **CIRCLE ALL THAT APPLY** (1=Yes, 2=No)  
 R + O Curtains/Drapes ..... 1 2 **C23**  
 Blinds ..... 1 2  
 Shades ..... 1 2

A13. Is there a closet in the room where the child sleeps?  
 R + O Yes ..... 1  
 No ..... 2 **GO TO A14**

A13a. Does the closet have doors?  
 Yes ..... 1  
 No ..... 2 **GO TO A14**

A13b. Are the doors kept closed or opened?  
 Closed ..... 1 **C50**  
 Opened ..... 2

A14. Has there been any water damage, moisture or leaks in the room? (check the inside of exterior wall, ceiling, windows)

R + O Yes ..... 1 C53, C102  
 No ..... 2  
 Don't Know ..... 9

A15. Are any of the following present in this room? **CIRCLE ALL THAT APPLY**

O (1 = Yes, 2 = No)

a. Open food or food crumbs ..... 1 2 C13  
 b. Clutter such as toys, clothes, paper books etc. on the floor... 1 2 C14  
 c. Plants ..... 1 2 C49  
 d. Mold/mildew ..... 1 2 C51

## B. INTERVIEWER: GO TO CHILD'S PLAYING AREA

B1. Let's look at the area where she/he spends most of her/his time playing.

R Same as sleeping area ..... 1 GO TO C1  
 A different bedroom ..... 2  
 Living room/family room ..... 3  
 Other ..... 4 Specify \_\_\_\_\_

B2. Identify type of floor covering in this room.

O Carpeting ..... 1 C22  
 Hardwood floor, tile, or linoleum ..... 2  
 Cement ..... 3  
 Other ..... 4 } GO TO B3  
 Don't Know ..... 9 } Specify \_\_\_\_\_  
 C22

B2a. Type of carpeting: (circle all that apply)

Level loop ..... 1  
 Shag or plush ..... 2  
 Don't Know ..... 9

B2b. Is carpeting wet?

R Yes ..... 1 C52  
 No ..... 2  
 Don't Know ..... 9

B3. Are there area rugs in the room?

Yes .....

1

No .....

2

**GO TO B4**

**B3a. How many rugs?.....**

O

B3b. How do you clean area rugs?

R

Vacuum surface .....

1

*C16*

Vacuum both sides .....

2

Shake .....

3

*C16*

Send out .....

4

Don't clean them .....

5

*C16*

B3c. During the last two weeks, how many times did you clean the area rugs?

None .....

0

*C16*

1 .....

1

*C16*

2 .....

2

3 .....

3

4 .....

4

5 or more .....

5

Don't Know .....

9

*C16*

Refused .....

8

B4. Is there any cloth-covered furniture in this room?

Yes .....

1

*C24, C92*

No .....

2

**GO TO B5**

**B4a. How many pieces?.....**

B4b. How old?

R

< 1 year .....

1

1-10 years .....

2

10 + years .....

3

B5. Is there a window in this room that can be opened? **<CHECK TO SEE IF WINDOW OPENS>**

R + Q

Yes .....

1

No .....

2

*C47, C101* GO TO QB6

B5a. Is the window(s) usually open when [CHILD] is playing in the room?

Yes .....

1

No .....

2

*C93*

Sometimes .....

3

B6. Is a HEPA air filter used in the room?

R + O Yes .....  
 No .....  
 Don't Know .....

1
2
9

B7. Is there a forced air heating vent in the room?

R + O Yes .....  
 No .....  
 Don't Know .....

1
2
9

**GO TO B8**  
**GO TO B8**

B7a. Is the vent covered with a filter?

Yes .....  
 No .....  
 Don't know .....

1
2
9

C26

B7b. If YES, is the filter. . . ?

Clean .....  
 Partially dirty (screen is partially visible) .....  
 Dirty (screen is completely dark) .....  
 Don't know .....

1
2
3
9

C26

C26

B8. What kind of window coverings are on the windows? **CIRCLE ALL THAT APPLY**

R + O (1=Yes, 2=No)

a. Curtains/Drapes .....  
 b. Blinds .....  
 c. Shades .....  
 d. Don't know

1	2
1	2
1	2
9	

C23

B9. Has there been any water damage, moisture or leaks in the room? (check outside wall, ceiling, windows)

R + O Yes .....  
 No .....  
 Don't Know .....

1
2
9

C53, C102

B10. Are any of the following present in this room? **CIRCLE ALL THAT APPLY**

O (1 = Yes, 2 = No)

a. Food crumbs or leftover food .....  
 b. Clutter such as toys, clothes, paper books etc. on the floor ...  
 c. Plants .....  
 d. Mold/mildew .....

1	2
1	2
1	2
1	2

C13

C14

C49

C51

### C. INTERVIEWER: GO TO THE KITCHEN

Next, let's have a look at the kitchen

C1. What kind of heat source do you cook on?

R	Gas .....	1	<b>If 2 or 4, GO TO C2</b> Specify _____
	Electric .....	2	
	Charcoal .....	3	
	Other .....	4	

C1a. IF USE GAS OR CHARCOAL ASK: Is the stove used to provide heat for the house?

Yes .....	1	<b>C30</b>
No .....	2	
Not applicable .....	8	

C2. Is there a hood/vent with a working fan present over the stove/oven? **<TURN ON FAN TO TEST>**

R + O	Yes .....	1	<b>C45, C95 GO TO C3</b> <b>C45, C95 GO TO C3</b>
	No .....	2	
	Don't know .....	9	

C2a. Is the hood or vent over the stove ventilated to the outside?

**<LOOK AT OUTSIDE WALL IF POSSIBLE TO SEE IF VENT IN PLACE>**

Yes .....	1	<b>C45 C95 GO TO C3</b> <b>C45 C95 GO TO C3</b>
No .....	2	
Don't Know .....	9	

C2b. How often is the fan or vent used when the stove is in use?

Most of the time .....	1	<b>C46</b> <b>C46</b> <b>C46</b> <b>C46</b>
Occasionally .....	2	
Rarely .....	3	
Never .....	4	
Don't Know .....	9	

C3. Do you see evidence of . . . **CIRCLE ALL THAT APPLY** (1 = Yes, 2 = No, 9 = don't know)

O	a. Cockroaches? .....	1	2	9	<b>C64, C65, C66, C67, C13,</b> <b>C61, C70, C71, C14</b> <b>C67, C73, C74, C13, C61</b> <b>C53, C102</b> <b>C13</b> <b>C13</b> <b>C14</b> <b>C51</b> <b>C13</b> <b>C22</b>
	b. Rodents (droppings)? .....	1	2	9	
	c. Water damage, moisture or leaks? .....	1	2	9	
	d. Food crumbs or open food on counters or floor? .....	1	2	9	
	e. Food stored unsealed? .....	1	2	9	
	f. Clutter such as unwashed dishes, mail, papers, toys, food containers etc. on counters or floors? .....	1	2	9	
	g. Mold/mildew? .....	1	2	9	
	h. Overflowing trash can? .....	1	2	9	
	i. Wall-to-wall carpeting? .....	1	2	9	
	j. Area rug(s)? .....	1	2	9	



C4. Is there a window that can be opened in this room?

R + O

Yes .....  
No .....

1
2

C47 C101 **GO TO C5**

C4a. Is it usually open while cooking?

Most of the time.....  
Occasionally.....  
  
Rarely.....  
  
Never.....

1
2
3
4

C95 if C2 or C2a is no or  
C2b=2,3,4,or 9  
C95 if C2 or C2a is no or  
C2b=2,3,4,or 9  
C95 if C2 or C2a is no or  
C2b=2,3,4,or 9

C5. What kind of window coverings are on the windows? **<CIRCLE ALL THAT APPLY>**

(1 = Yes, 2 = No)

a. Curtains/Drapes.....  
b. Blinds.....  
c. Shades .....  
d. Don't know .....

1	2
1	2
1	2
9	

C23

C6. In what rooms is food eaten in the house? **<CIRCLE ALL THAT APPLY>** **<READ ALL RESPONSES>**

(1 = Yes, 2 = No, 9= don't know)

R a. Kitchen.....  
b. Dining room/area.....  
c. Living room/family room.....  
d. Bedrooms.....  
e. Other .....  
f. Don't know any of the above .....

1	2	9
1	2	9
1	2	9
1	2	9
1	2	9
9		

C70

C70

C70 Specify \_\_\_\_\_

#### D. INTERVIEWER: LOOK IN THE BATHROOM THE CHILD USES MOST

Let's visit the bathroom your child uses most.

D1. Is there visible mildew and/or mold?

O Yes .....  
No .....  
Don't know .....

1
2
9

C51

D2 Is there a working fan in the bathroom? **<TURN ON FAN TO TEST>**

R+O Yes ..... 1

No ..... 2 **C94, C45 GO TO D3**

D2a. If yes, how often is the fan used during and after a shower?

R Most of the time ..... 1

Occasionally ..... 2 **C46**

Rarely ..... 3 **C46**

Never ..... 4 **C46**

Don't Know ..... 9 **C46**

D2b. Do the toilet paper test: Press a piece of toilet paper to the grate and if it stays the suction is adequate. Is the suction in the fan adequate?

O Yes ..... 1

No ..... 2 **C94, C45**

Don't Know ..... 9

D2c. Is the fan vented to the outside?

**<CHECK OUTSIDE OF HOUSE TO SEE IF VENT IS VISIBLE>**

R + O Yes ..... 1

No ..... 2 **C94, C45**

Don't Know ..... 9

D3. Is there a window that can be opened in this room? **<CHECK TO SEE IF CAN BE OPENED>**

R + O Yes ..... 1

No ..... 2 **C47, C101 GO TO D4**

D3a. If yes, how often is it opened during and after a shower?

R Most of the time ..... 1

Occasionally ..... 2 **C94 if D2 or D2b or D2c are no, or D2a=2,3,4, or 9**

Rarely ..... 3 **C94 if D2 or D2b or D2c are no, or D2a=2,3,4, or 9**

Never ..... 4 **C94 if D2 or D2b or D2c are no, or D2a=2,3,4, or 9**

Don't Know ..... 9 **C94 if D2 or D2b or D2c are no, or D2a=2,3,4, or 9**

D4. Is there any evidence of . . . **CIRCLE ALL THAT APPLY** (1 = Yes, 2 = No, 9=don't know)

O a. Cockroaches? ..... 1 2 9 **C64, C65, C66, C67, C13, C61, C14, C70, C71**

b. Rodents (droppings)? ..... 1 2 9 **C67, C73, C74, C13, C61**

c. Water damage, moisture or leaks? ..... 1 2 9 **C53, C102**

d. Food crumbs or open food on counters or floor? ..... 1 2 9 **C13**

e. Food stored unsealed? ..... 1 2 9 **C13**

f. Clutter such as unwashed dishes, mail, papers, toys, food containers etc. on counters or floors? ..... 1 2 9 **C14**

g. Mold/mildew? ..... 1 2 9 **C51**

h. Overflowing trash can? ..... 1 2 9 **C13**

### E. INTERVIEWER: LOOK IN THE BASEMENT

E1. Do you have a basement in the home?

R Yes .....  
No .....

1
2

**GO TO E8a**

E2. Is there access from inside the home?

R Yes .....  
No .....

1
2

**GO TO E8a**

E3. Have you had flooding or sewer back up in the basement?

R Yes .....  
No .....  
Don't know .....

1
2
9

*C60*

**GO TO E4**

**GO TO E4**

E3a. If yes: Has the damaged material been disinfected or removed?

Yes.....  
No.....  
Don't Know.....

1
2
9

*C96*

E4. Do you notice any musty or mildew smell when you first enter the basement?

R+O Yes .....  
No .....  
Don't know .....

1
2
9

*C51*

E5. Is food stored in basement?

R+O Yes .....  
No .....  
Don't know .....

1
2
9

*C13*

E6. Is there any evidence of . . . CIRCLE ALL THAT APPLY (1 = Yes, 2 = No, 9 = don't know)

O a. Cockroaches? .....  
b. Rodents (droppings)? .....  
c. Water damage, moisture or leaks? .....  
d. Food crumbs or open leftover food on counters or floor? .....  
e. Food stored unsealed? .....  
f. Clutter such as unwashed dishes, mail, papers, toys, food  
containers etc. on counters or floors? .....  
g. Mold/mildew? .....  
h. Overflowing trashcan? .....

1	2	9
1	2	9
1	2	9
1	2	9
1	2	9
1	2	9
1	2	9
1	2	9

*C64, C65, C66, C67,  
C13, C61, C14, C70, C71  
C67, C73, C74, C13, C61  
C53, C102  
C13  
C13  
C14  
C51  
C13*

E7. Identify type of floor covering in this room.

O	Carpeting.....	1	C22 or C97 <b>GO TO E7a</b> <b>GO TO E8b</b> <b>GO TO E8b</b> Specify _____
	Hardwood floor, tile, or linoleum .....	2	
	Cement .....	3	
	Other .....	4	
	Don't Know .....	9	

E7a. Type of carpeting: (circle all that apply)

O	Level loop.....	1
	Shag or plush. ....	2
	Don't Know... ..	9

E7b. Is there a vapor barrier under the carpet?

R+O	Yes.....	1	C97
	No.....	2	
	Don't Know.....	9	

E8b. Is the basement floor bare dirt or finished?

	Dirt /soil .....	1	<b>Go to E8c</b> <b>Go to E8a</b>
	Finished.....	2	
	Don't know .....	9	

E8c. Is the soil covered with black plastic?

R+O	Yes .....	1	C55
	No .....	2	
	Don't know .....	9	

E8a. Is there a crawl space under the house?

	Yes .....	1	<b>Go to E8d</b> <b>Go to F1</b>
	No .....	2	
	Don't know .....	9	

E8d. Does the crawl space have vents?

R+O			C56
	Yes .....	1	
	No .....	2	
	Don't Know .....	9	

E8e. Is the crawl space wet or damp?

R+O			C56
	Yes .....	1	
	No .....	2	

## F. HEAT SOURCE

F1. How do you heat your home? **CIRCLE ALL THAT APPLY** (1=Yes, 2=No)

R	Electric .....	1	2	
	Gas .....	1	2	<Ask F1a if yes>
	Oil .....	1	2	<Ask F1a if yes>
	Kerosene .....	1	2	<Ask F1a if yes>
	Wood stove/fireplace .....	1	2	C25 if yes <Ask F1b if yes>
	Gas fireplace .....	1	2	<Ask F1b if yes>
	Propane heater.....	1	2	<Ask F1c if yes>
	Other .....	1	2	Specify _____

F1a. Is the gas, oil or kerosene heater vented to the outside?

R	Yes.....	1	
	No.....	2	C6
	Don't Know.....	9	C6
	Refused.....	8	

F1b. How many times was it used in the last year?

R	Not at all.....	1	
	Less than 10 times .....	2	
	10-20 times.....	3	
	More than 20 times.....	4	

F1c. How many times was it used in the last year?

	Not at all.....	1	
	Less than 10 times .....	2	
	10-20 times.....	3	
	More than 20 times.....	4	

**<IF GAS, OIL OR OTHER TYPE OF FORCED AIR HEAT, ASK F2. OTHERWISE GO TO F3>**

F2. Does the furnace have a filter across its air intake duct?

R+O	Yes .....	1	
	No .....	2	C27 <b>GO TO F3</b>
	Don't know .....	9	

F2a. If yes, are the filters:

R+O	Clean.....	1	
	Partially dirty .....	2	C28
	Dirty .....	3	C28

F2b. When was the last time you had the heating duct cleaned (vacuumed)?

One year or less.....	1	
1-2 years ago.....	2	C29
More than two years ago.....	3	C29
Don't Know .....	9	C29
Refused .....	8	

F3. Do you sometimes smell fuel from the furnace?

R	Yes .....	1	C31
	No .....	2	
	No furnace.....	3	
	Don't Know .....	9	

F4. If you have a wood stove or fireplace, do you ever smell smoke indoors when it is in use?

R	No stove .....	1	C25 C25
	Never.....	2	
	Sometimes.....	3	
	Usually .....	4	
	Don't Know .....	9	

### G. BUILDING

G1. When was the building constructed?

R	Earlier than 1951.....	1
	1951-1978.....	2
	Later than 1978.....	3
	Don't know .....	9

G2. Number of Stories.....

R+O

G3. Type of construction:

R+O	Wood.....	1	Specify _____
	Brick .....	2	
	Other .....	3	

G4. Type of foundation:

R+O	Crawl space.....	1
	Basement/concrete slab.....	2
	Don't know .....	9

G5. Has there been remodeling or paint removal inside or outside your home in the last two years?

R	Yes .....	1	If built before 1978: C83, C84, C85
	No .....	2	
	Don't know .....	9	

G6. Has a next door neighbor removed external paint?

R Yes ..... 1 **C12, C84**  
 No ..... 2 **GO TO G7**  
 Don't know ..... 9 **GO TO G7**

G6a. If yes, did they: (Check all that apply)

R Sand ..... 1 **C12, C84**  
 Scrape ..... 2 **C12, C84**  
 Don't know ..... 9

G7. Are you or your landlord planning to remodel or repaint within the next 12 months?

R Yes ..... 1 If built before 1978: **C84**  
 No ..... 2  
 Don't know ..... 9

## H. PEELING PAINT

H1. Is any paint peeling or flaking inside the home?

R+O Yes ..... 1  
 No ..... 2 **GO TO I1**  
 Don't know ..... 9 **GO TO I1**

H2. Is any paint peeling or flaking outside?

R+O Yes ..... 1  
 No ..... 2 **GO TO I2**  
 Don't know ..... 9 **GO TO I2**

H1,2a. If yes to either question, is the paint lead-based paint?

R Yes ..... 1 **C83, C84, C85**  
 No ..... 2 **If built before 1978, C83, C84, C85**  
 Don't know ..... 9

## I. GARAGE AND CAR

I1. If you have a garage, is it attached to the home?

R Yes ..... 1  
 No ..... 2 **GO TO SECTION J**  
 Not applicable ..... 3 **GO TO SECTION J**

I1a. How long do you let car idle in garage before driving off?

R 0-15 seconds ..... 1 **C9**  
 15-30 seconds ..... 2 **C9**  
 More than 30 seconds ..... 3  
 Don't Know ..... 9

## J. CLOTHES DRYER

J1. Do you have a working clothes dryer in the home?

R Yes .....  
No .....

1
2

**GO TO SECTION K**

J1a. Is it vented on the outside?

**<CHECK ON OUTSIDE WALL TO SEE IF THERE IS A VENT>**

R+O Yes .....  
No .....  
Don't Know .....

1
2
9

**C63**

J1b. Does it have a working lint filter?

R Yes .....  
No .....  
Don't Know .....

1
2
9

**C103**

## K. WEATHERIZATION

K1. Does your home have any of the following (**check all that apply**)? (1 = Yes, 2 = No, 9 = don't know)

R+O a. Weather-stripped windows .....  
b. Weather-stripped doors .....  
c. Double paned windows .....  
d. Storm windows .....  
e. Storm doors .....

1	2	9
1	2	9
1	2	9
1	2	9
1	2	9

*If yes, C101*  
*If yes, C101*  
*If yes, C101*  
*If yes, C101*  
*If yes, C101*

## L. ASBESTOS

L1. Does your building have asbestos (furnace insulation, "popcorn" ceiling, siding, sheet vinyl flooring)?

R+O Yes .....  
No .....  
Don't Know .....

1
2
9

**GO TO SECTION M**

L1a. If yes, is the surface of the asbestos in good condition (i.e., not damaged, loose, or flaking)?

R+O Yes .....  
No .....  
Don't Know .....

1
2
9

**C88**



**M. HAZARDOUS HOUSEHOLD PRODUCTS and PEST CONTROL**

M1. Are any of the following products in or around the home, and if yes, how often are they used?

R **<Ask to look in closets, under sinks or other places hazardous products might be stored>**  
**<Ask about gloves & goggles/glasses only for drain, oven and toilet cleaners>**

Product		Variable 1			If Yes			Variable 3		Variable 4		
		Yes	No	Don't know	At least once a week	At least once a month	At least once a year	Do you ventilate when using this product?	Do you wear gloves and goggles or glasses when using this product?			
		1	2	9	1	2	3	1=Y 2=N	1=Y 2=N			
a.	Chlorine laundry bleach										C7, C11, C5	
b.	Other bleach products (e.g. disinfectants, mildew remover, tile cleaners)										C7, C11, C5	
c.	Ammonia cleaners										C7, C11, C5	
d.	Oil-based paints and stains										C7, C11, C5	
e.	Paint thinners and solvents										C7, C11, C5	
f.	Paint removers										C7, C11, C5	
g.	Drain cleaners (DANGER)										C7, C11, C5	
h.	Oven cleaners (DANGER)										C7, C11, C5	
i.	Toilet cleaners (DANGER)										C7, C11, C5	
j.	Air fresheners/purifiers										C7	
k.	Adhesives (e. g. rubber cement, contact cement, plastic glue, epoxy glue, spray-on glue)										C7, C5	
l.	Spot removers										C7, C5	
m.	Spray lubricants										C5	
n.	Permanent or whiteboard markers										C7, C5	
o.	Pesticides (cancelled, suspended, such as 2,4,5-T, aldrin, chlordane, creosote, DDT, dieldrin, kepone, lead arsenate, lindane (most uses), mirex, pentachlorophenol, silves, and toxaphene)										C5, C82	
p.	Pesticides (danger/warning)										C82, C11, C5	
q.	Pesticides (dust)										C82, C11, C5	
r.	Pesticides (caution)										C7, C11, C5	

M2. Are there any flammable products stored near fire or heat?

R+O Yes ..... 1 **C10**  
 No ..... 2 **GO TO M3**  
 Don't Know ..... 9 **GO TO M3**

M2a. What/where ..... 1) \_\_\_\_\_  
 ..... 2) \_\_\_\_\_  
 ..... 3) \_\_\_\_\_  
 ..... 4) \_\_\_\_\_  
 ..... 5) \_\_\_\_\_

M3. Are any hazardous products [SEE LIST IN M1] within reach of children?

R+O Yes ..... 1 **C89**  
 No ..... 2 **GO TO QM4**  
 Don't Know ..... 9 **GO TO QM4**

M3a. What/where ..... 1) \_\_\_\_\_  
 ..... 2) \_\_\_\_\_  
 ..... 3) \_\_\_\_\_  
 ..... 4) \_\_\_\_\_  
 ..... 5) \_\_\_\_\_

M4. Are there any damaged, rusting, leaking or open containers of hazardous products? [SEE LIST IN M1]

R+O Yes ..... 1 **C5**  
 No ..... 2 **GO TO M5**  
 Don't Know ..... 9 **GO TO M5**

M4a. What/where ..... 1) \_\_\_\_\_  
 ..... 2) \_\_\_\_\_  
 ..... 3) \_\_\_\_\_  
 ..... 4) \_\_\_\_\_  
 ..... 5) \_\_\_\_\_

M5. Are there any pesticides stored inside the home?

R+O	Yes .....	1	C10
	No .....	2	GO TO M6
	Don't Know .....	9	GO TO M6

M5a. What/where ..... 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

M6.	How do you get rid of leftover pesticides?		
R	Household Hazardous Waste (HHW).....	1	
	Use up .....	2	
	Trash/collection .....	3	C5
	Sewer .....	4	C5
	Not applicable.....	5	C5
	Keep them.....	6	C5
	Don't know .....	9	C5

**THANK THE RESPONDENT FOR ALLOWING YOU TO PERFORM THE HOME AUDIT**

RECORD TIME AT THE END OF THE INTERVIEW:	1. <input type="checkbox"/> AM    2. <input type="checkbox"/> PM
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